ART. IV.—*Extracts from the Records of the Boston Society for Medical Improvement.* By WM. W. MORLAND, M. D., Secretary.

*May 24.—Extroversion of the Bladder, with unusual Complications.**—Dr. JACKSON exhibited the specimen, taken from a patient of Dr. HOMANS's; child born at the full period, but died in a few hours; the bladder presents the usual red, irregular surface; the cord being inserted at its upper extremity. Opening of the ureters free. Kidneys well developed; but the left is situated quite low in the abdomen. The small intestine is forty-five inches in length, and opens freely upon the surface of the bladder, forming a very marked projection, which the friends mistook for a penis, and accordingly christened the child "John." Just below this opening there is another, from a very anomalous organ, which, it is supposed, may be a portion of undeveloped intestine, consisting of a tube about two and a half inches in length, very much resembling the appendix cæci, and being closely adherent to the inside of the pelvis; from this tube and towards its outlet, there are sent off two others, nearly half an inch in length, the common trunk of the three being about three lines in diameter; the parietes of these tubes were quite as thick as those of the large intestine should be; the inner surface was not peculiar, and the cavity was filled with very tenacious and nearly colourless mucus; the external opening was large, and traversed longitudinally by a well-defined, fleshy band. The testicles were well developed, and situated about at the brim of the pelvis; vasa deferentia traced down behind the organ last described. Glans penis situated at the lower margin of the bladder, and so small as to be hardly recognizable. Ossa innominata seem to be fully developed, but are separated at the symphysis to the extent of one and a half inches.

Spina bifida. Between the thighs were two tumours which would suggest the idea of a double hydrocele; one of them being about the size of a small orange, and the other equal to a large nutmeg, with a marked raphé between them; flaccid, encysted to the feel, and covered by integument, as spina bifida is when situated over the sacrum. The parietes of these cysts consist of cutis externally, a lining of serous membrane internally, and a loose intervening cellular tissue, but no fat; the two communicating freely, and there being a third that did not show externally. The cavity contained some ounces of clear yellow serum. Towards the upper extremity of the large cyst was an opening, through which a probe was passed and came out in the lumbar region between the spinal marrow and the membrane immediately investing it. The wings of the vertebræ having been cut away, the spinal marrow is seen to continue in substance down to the opening in the cyst; the very termination, however, being softened by cadaveric change, and probably by the passage of the probe. Sacrum somewhat deficient, as usual in these cases.

Organs otherwise well formed. Dr. J. remarked especially upon the fact of the spinal marrow being continued in substance down below where the cauda equina is usually formed in these cases of spina bifida in the sacral region, and of which there are already two specimens in the Society's cabinet; a fact which is particularly insisted upon by Cruveilhier, and stated by him to have been known to Morgagni.

* Omitted in the "Extracts" for July Number of this Journal.—W. W. M.

July 26.—*Abdominal Abscess.*—Reported by Dr. HAYWARD, Sen. Dr. H. visited a boy, fourteen years of age, about the middle of June, and found him suffering from some obscure trouble in the abdomen. Ten months previously, he had run a race of a mile with another boy, which was followed by great fatigue; the subsequent symptoms have been variable; the patient was much emaciated, the pulse small; abdomen tumid; there were night-sweats. A protrusion was observed at the umbilicus; puncture, with the exploring needle, discovered a purulent collection, which, to the amount of a quart, was evacuated; the pus was very fetid; its discharge procured the patient immediate and great relief; he had not been able to raise himself up without great pain for some time previous to the operation. Dr. Hayward supposed the case to be one of subacute peritonitis.

October 18.—The patient is now nearly well; he may, in fact, be considered entirely so, as nothing remains of his former difficulty, except a slight discharge from the orifice at which the pus was drawn off.

August 9.—Dr. STORER read from his note-book the following case of *Removal of a retained Fœtal Head*:—

4*th*. Was called at 5 o'clock P. M. to consult with a physician under the following circumstances: He was sent for at 6 o'clock A. M. to attend a case of labour. Finding an arm presenting, after much difficulty he turned the child, and brought down a leg. At 12 M. he had succeeded in delivering both lower extremities; and at 2 o'clock, the entire child, with the exception of the head, was delivered. Not being able to extract the head, he called to his assistance another practitioner; together, they made such traction as they thought justifiable, without producing the desired result. Having produced a luxation of some of the cervical vertebræ, and consequently unable to use any more force, they severed the body from the head to enable them the more readily to apply their instruments. As soon, however, as the head was separated from the body, it receded into the pelvis, and their efforts, continued for a long period, to fix and remove it, availed them nothing.

I found the woman much less exhausted than would have been imagined, with a tolerably good pulse, and not depressed.

The head could be reached only by passing the entire hand into the uterus, and could scarcely be retained in any one position by pressure being applied over the abdomen. The uterine contractions were so great that I several times removed my hand, perfectly useless by the pressure which had been applied to it—and I should have given up in despair of being able to remove the head, had I not felt that nothing should be left undone which could be attempted without additional risk to the mother. At last, I was able to pass the index finger of my left hand into an orbit; along this finger I introduced Smellie's scissors, and was so fortunate as to be able to pass them through the orbit into the brain. The distance of the head from the external passage may be judged of from the fact that, when the instrument was in the brain, its handles were not visible externally. After the contents of the cranium were removed, and the bones had collapsed upon each other, it was extracted by the hand without much difficulty.

The attending physician found some obstruction to the removal of the placenta from an irregular contraction of the uterus, and from its partial adhesion.

To an accoucheur who has never been called upon to perform the operation just described, the process may appear a very simple and easy one. But this is very far from being the case. It is an exceedingly difficult matter to have

the head retained in any one spot with sufficient force to perforate, should it be thought advisable; the scissors are constantly found to slip upon the cranium, beneath the scalp, and it may be a long time before the hook can be applied where it will retain a permanent hold.

CONQUEST observes, as if the operation were not a difficult one, "when this occurrence has taken place, it is necessary to have the uterus fixed, by the steady pressure of an assistant, on the abdomen, while the accoucheur proceeds to extract the head. This may be done by the long forceps, or by fixing the craniotomy-forceps, crotchet, or blunt-hook, in the foramen magnum; always accommodating the head to the largest diameter of the pelvis during the extraction." By others, the difficulties are thus portrayed. VELPEAU says: "At the superior strait, the operation is often found to be one of the utmost difficulty, and appears to be even impracticable, when the womb is scarcely contracted, and the face and occiput are not yet engaged."—JEWELL, in the *London Practice of Midwifery*, remarks: "In some instances it happens that the head is entirely separated from the body, when various means have been recommended for bringing it away; one way is a purse, one extremity of which, spread out on the hand, is so carried up into the vagina, and laid round the head, that it shall include the whole; by which means it is to be brought out. Another, is by the assistance of instruments, various descriptions of which have been recommended; these instruments may be considered as just so many contrivances to catch the head, as we catch a bird by putting salt upon its tail. If we get the instrument on, we may catch the head; and if we get the salt on the bird's tail, we may catch him, too. The way to extract the head is to open it, and when we have dilated it by the perforator, we should introduce the crotchet before we withdraw the perforator, in order to have the head always secure from slipping, as it otherwise would do. The difficulty is this, that whenever we touch it, we have a smooth slippery surface which we cannot keep, unless we always have an instrument within that hole which we have made; it will roll over the upper aperture of the pelvis."

SMELLIE has collected ten cases in which the head was retained in the uterus after the delivery of the body of the child. Four of these cases he saw in "consultation"—all of them occurring in the practice of midwives. Two of the remainder occurred also in the practice of midwives, and were reported to Smellie by the physicians called upon for advice.

In three of the four cases to which Smellie was called, the body appears to have been separated by force; in the fourth, the head was separated by incision. Each case was terminated by the crotchet; in two of the cases, where the child had been dead previous to the labour, the operation was performed with comparative ease. After minutely describing the case in which the head was severed from the body, Smellie adds: "This should be a caution to practitioners, never to separate the body from the head, if possible to deliver without using that expedient; but to wait with patience (when the child cannot be saved) the efforts of the pains, especially if the woman is not in absolute danger; for the head is much easier delivered with the crotchet, when not separated from the body."

Of the remaining four cases cited by Smellie from other authors, one deserves a passing notice. He observes, a case is mentioned in the Supplement to Lamotte's Treatise, "in which a gentleman could not deliver the head, which was separated from the body and left in the uterus. Nevertheless, he went to bed; and the first news he heard in the morning was that the head was delivered by the mere assistance of nature." Most probably the child

was dead previous to the labour, and decomposition had somewhat advanced, else it would be difficult to account for its unaided expulsion.

In another of these four quoted cases, Smellie says: "Dr. GRANGE, of Hatfield, told me of a case in which he and Mr. Wilson, of Enfield, were fatigued a whole day, in delivering a head, which was so slippery, that, for a long time, they were not able to open, or fix an instrument upon it."

Dr. RAMSBOTHAM (Francis H.), has met with but one case, which occurred in the practice of a midwife; there was a tumour in the pelvis, which increased the difficulty of the case. With the assistance of his father, the head was perforated at the sagittal suture, and extracted.

9th. Five days after delivery. Dr. Storer's patient has not a single unpleasant symptom; and says she feels much better than she did five days after the birth of her former child.

Carcinomatous Disease of the Uterus and Vagina.—Dr. WILLIAMS reported the results of a *post-mortem* examination of a case of some years' standing, which terminated fatally three months only after delivery. After the disease had been pronounced to be cancer of the womb, by her attending physician, the patient placed herself under the care of a midwife, who promised a cure, saying that "she had cured many such cases, but the physicians did not understand them, as they had no such organ themselves." Finding herself unable to prevent the hemorrhage, which occasionally occurred, she soon abandoned the field. The autopsy disclosed extensive destruction of the vaginal and uterine parietes. Dr. W. remarked, that it is worthy of notice that pregnancy should have gone on well, and parturition occurred without accident, while the reproductive organs were so extensively involved in disease, and that rupture into the peritoneal cavity might very easily have happened, previous to her death, by the application of any force—such as an examination by the speculum—ulceration having so deeply destroyed the tissues.

Dr. JACKSON said he had frequently examined patients in whom such rupture seemed very imminent. He had not met with actual perforation in his own dissections of these cases, but practitioners should be exceedingly cautious of instrumental vaginal examination in such patients.

Fatal Disease with Obscure Symptoms.—The following case, from Dr. SALTER, was reported to the Society by Dr. COALE. The patient was a bookbinder, fifty-one years old; he has generally had good health; the only *severe* illness he has experienced, within his recollection, was an inflammation of the lungs, in 1836, when he was confined to his house and bed for nearly three months, under the care of Dr. HENRY G. CLARK. Since that attack, he thinks he has not been quite so strong as previously. Especially on the approach of every autumnal season, he would be affected with diarrhœa, lasting about twenty-four hours; and even during the summer season, when there was any sudden and decided change from heat to cold, he was almost sure to be affected with this diarrhœa for some hours. Besides this, during the winter months, he always experienced considerable oppression in his chest, unattended, however, by cough or pain. This oppression always left him on the approach of the warm season, and he continued quite well until the return of autumn, excepting on sudden changes of weather, as above mentioned. This was the usual routine from 1836 to 1852, with only one exception. In the latter part of the summer of 1850, he had an attack of mild dysentery, which did not oblige him even to keep entirely from his work, being easily

controlled. It continued about two weeks. On the approach of the spring of 1852, he did not recover his usual elasticity and spirits.

On Thursday, July 22d, he called on Dr. Salter, but not finding him at home, left a request to be visited at his own house. Dr. S., on calling, ascertained that his patient had not felt quite as well as usual since the month of April last, though in this respect his feelings were quite variable. He continued, however, regularly at his occupation, and his appetite was, for the most part, good. Dr. S. learned at this time also, that, on the 15th of July, one week previous to his visit, he had felt more unwell than usual; yet he could give no definite idea of his sensations, excepting that he was weak, and unable for his work. Of his own accord, he brought a pail of sea-water to his house, in the afternoon of the above-named day, and bathed himself by sponging his whole body with it, in his chamber. Shortly after this bathing, he was seized with violent rigors, which continued for some time, and he was forced to take his bed, in order to get warm. Soon after this, a diarrhœa commenced, and continued through the night, the discharges being quite frequent, but unattended by pain.

On Friday (16th), he felt better, and from this time until the following Thursday (22d), he attended to his business, with some interruptions, and considerable inconvenience. At his visit on this day, Dr. S. found him dressed, and sitting in his parlour, and he *appeared* as well as he ever saw him; there was no indication of any serious disease; the pulse was undisturbed; the tongue natural; bowels regular; skin in healthy condition; no pain or sense of soreness anywhere; appetite, however, was wanting, although food was not offensive. Dr. S. advised some vegetable bitter, and rest from labour; and, if the patient felt able, a few days' residence in the country.

Dr. Salter was summoned to the patient again on Monday, 26th of July, and was told that he had been to Billerica, on the 23d (Friday). The journey benefited him apparently; he passed a good night, and his sleep was refreshing; on Saturday morning, he reported himself better than for sometime previously. About noon, he was suddenly seized with intense pain in the lower part of the abdomen; a physician was called, whose remedies relieved the pain after an hour's suffering. Being anxious to reach home, he returned to Boston the same afternoon. On Monday (26th), Dr. S. found him in bed; he was feverish; the pulse 100 per minute, and slightly irritable; the tongue covered with a thin white coat; no headache; but occasionally slight pain in the lower part of the abdomen. On examining that region, some fulness and distension were remarked, but there was no tenderness upon any degree of pressure; there were frequent eructations of wind, with occasional hiccough. No change whatever took place in these symptoms, except gradual aggravation of them, until Thursday, the 29th July (one week from his first call on Dr. Salter); at this date, at the morning visit, the abdomen was very tympanitic, and other symptoms indicated rapidly approaching dissolution; still, he was frequently up, walking about the room, sitting upon the sofa, and, by his own account, feeling quite comfortable, experiencing no pain, and no material inconvenience from the distension of the abdomen; he continued thus until three o'clock, P. M., when, becoming faint (he was sitting up at the time), he was laid upon the bed; immediately after, in addition to the belching of wind, he was almost constantly throwing up the liquid contents of the stomach, especially after drinking, which, from great thirst, often occurred. This state of things, together with hiccough, continued, with scarcely any interruption, until within a few minutes of his death, which took place at about six o'clock the same afternoon. After his return from Billerica, no

attempt was made at anything farther than a bare palliation of existing symptoms, which was accomplished with tolerable success, by injections, fomentations, and anodynes, when necessary.

On *post-mortem* examination, sixteen hours from patient's decease, made and reported by Dr. F. S. AINSWORTH, the following appearances were recorded :—

A large quantity of frothy fluid ran from the mouth and nose on slight movement of the body, or on pressure made over the stomach; the fluid stained the cloths about the head a dark brown colour. The limbs were moderately stiff.

On opening the abdomen, the stomach and intestines were found to be distended by gas; several ounces of dark coloured bloody serum were found in the peritoneal cavity; the stomach and liver were natural in appearance and consistence; their peritoneal coats showed no signs of inflammation; on tracing the small intestines downwards into the lower part of the abdomen, and into the pelvis, they were found very red and inflamed; the peritoneal coats were adherent to each other by the effusion of coagulable lymph, flakes of which were found diffused in this portion of the peritoneal cavity, and of great thickness—on the intestines especially. The ascending, transverse, and descending colon appeared healthy; all signs of peritonitis seeming to be confined to the pelvic region. On opening the small intestines, the jejunum looked healthy, and also the ileum in its upper part, and until within two feet of the ileo-cæcal valve, where deep and extensive ulcerations of Peyer's patches were discovered, apparently of long standing; some of these were nearly cicatrized; others were in the process of healing; in several of them the destructive process had extended through the mucous and muscular, to the peritoneal, coat; and, in one spot, the ulceration had perforated all the coats of the intestine, and had opened it into the peritoneal cavity. Over the ileum, where the deepest ulceration of the glands existed, and especially over the perforation, the serous tunic of the intestine was covered with a profuse exudation of lymph, which closed the perforation and glued the folds of the intestine together. The mesenteric glands of the lower portion of the ileum were inflamed, and, in one or more instances, suppurated.

The right lung was bound to the pleura costalis by strong and firm adhesions throughout its whole extent, but crepitated well; the left lung was larger than usual and apparently healthy; no tubercles found in either lung. The heart was small, flabby, and much loaded with fat; the mitral valves were thickened along their edges, and the semilunar valves of the aorta were considerably ossified; the pericardium contained more than the usual quantity of fluid. Other organs not examined.

Dr. J. B. S. JACKSON said he was inclined to consider the case reported by Dr. Salter as one of mild or latent typhoid fever; the disease not fully declared by the symptoms; the ulcerations were of an ashen-gray hue, and, moreover, the patient is stated to have been unwell since last April. Dr. J. referred to a patient attended by Dr. Strong, and who was complaining for four months: *post-mortem* examination showed both old and recent ulcerations of the intestines. In Dr. Salter's case, the same appearances are noted. Dr. J. thinks these cases not infrequent, and that a patient thus affected always demands the most careful watching.

Dr. PARKMAN asked if it be not true that perforation occurs most frequently in the so-termed "mild" cases?

Dr. JACKSON believed this to be the case.

Dr. GOULD asked whether it is usual for a patient to live so long after the

occurrence of perforation as did Dr. Salter's? Dr. G. had met with several cases, and had never known the patients to survive longer than twenty-four hours.

Dr. JACKSON considered the prolongation of life due, in the case in question, to the occlusion of the perforation and the "gluing down" of the intestine by the lymph; the peritonitis was thus circumscribed.

Dr. MINOT mentioned a case somewhat similar to the above. A man who had for some time been slightly unwell, was advised by his physician to abstain from labour and remain quietly at home; refusing to do this, he was attacked not long after (a few days), very suddenly, by violent abdominal pain, supposed to be that of colic. Dr. Minot was called to him at this time, and inferred the occurrence of intestinal perforation. The case terminated fatally in thirty-six hours. No *post-mortem* examination obtained.

[Dr. Minot has informed the Secretary, since the record was made up, that Dr. CHAPLIN, of Cambridgeport, who attended this patient before he came to the city, pronounced him then to be convalescent from *typhoid fever;* a few days only before he was seen, as above, by Dr. M.].

Wound of the internal Iliac Artery, caused by Instruments used with intent to expedite Labour.—Dr. HAYWARD, Sen., had seen, in a late number of the *London Times*, a report of a judicial action against a person accused of causing death by the manipulations above mentioned.

In conjunction with this, Dr. H. referred to another case of the kind, which, singularly enough, he had heard an account of while in New Bedford, where it occurred, upon the same day on which he had read the report of the *Times*. A married lady, thirty-five years old, and six months advanced in pregnancy, went to the office of a homœopathic practitioner, who, it is supposed, at her request, attempted to procure abortion, instrumentally; the membranes, however, as it subsequently appeared, were not ruptured; death followed; the operator is arrested and held for trial.

The following are the *post-mortem* appearances, communicated to the Society by Dr. J. B. S. JACKSON, who received them from Dr. LYMAN BARTLETT, of New Bedford:—

External Appearance of the Body.—Surface very pale, otherwise normal; in left hypochondriac region an apparently recent contusion, near the superior spinous process of the ilium, in size about that of a nine-penny piece—yellow and hard; eleven other similar, but smaller spots below this, upon the abdomen and upper part of the left thigh; slight superficial ecchymosis, as from a contusion, about the posterior commissure of the labia externa; similar spots upon the nates, each side of the anus; evident ecchymotic contusion over the posterior portion of the labia externa; abdomen considerably distended.

Dissection.—Upon opening the *abdomen*, about two quarts of bloody serum escaped; the intestines were seen to be covered by an apron of coagulated blood, about six inches in vertical, and ten inches in transverse diameter, and of an average thickness of two inches; on removal of this coagulum, the intestines were seen, pale; the folds of the mesentery, attached to the lower portion of the small intestines, are separated by a clot of blood which would fill a pint bowl; the inferior fold of the mesentery was ruptured by the pressure of the blood accumulated between the folds. The *uterus* was flaccid, and in volume about the size of a three-pint bowl; on its posterior surface, opposite to the promontory of the sacrum, was observed an opening through its parietes, made, apparently, by some cutting instrument, whose diameter would be that of a pipe-stem, or of the common catheter; corresponding to this

opening, another of the same size and appearance existed, going through the peritoneum forming the inferior fold of the mesentery. Beneath this puncture in the mesentery, and corresponding to it, was found an opening into the *right internal iliac artery*, one-fourth of an inch below the bifurcation of the main iliac artery, and of sufficient size to admit the point of a goosequill. On opening the uterus, a small fœtus was found, measuring seven and a half inches from the vertex capitis to the nates; its finger-nails perceptible. The membranes were not ruptured; on the posterior internal surface of the uterus, one and three-fourths inches above its cervix, was a puncture, extending obliquely two inches in length, through the parietes of the organ and terminating at the puncture previously mentioned, so that a blunt-pointed probe passed readily through from one orifice to the other. About half an inch from this puncture was found another, made obliquely into, but not going through, the uterine walls; its course parallel to the former; its length one and a half inches. Contusion, with ecchymosis, observed upon the internal surface of the posterior portion of the uterus.

All of these punctures corresponded with the mouth of the uterus, so that an instrument passed into the vagina would go in the direction, and produce the wounds, above described.

Death followed these manipulations in about twelve hours.

Present at the *post-mortem* examination, Drs. Spooner, A. and J. Mackie, Fulsome, and Lyman Bartlett.

August 9.—*Imperfect Physical and Mental Development.*—Dr. Townsend, Sen., exhibited to the Society a girl four years of age, who cannot walk or speak; all the other bodily functions are healthily performed; at birth, which was natural, she was supposed healthy and perfect; she notices objects somewhat, but the amount of intelligence is certainly small; she is mechanically supported into a sitting posture, not having the power of holding herself upright. Her appearance is rather prepossessing, with an absence of any idiotic expression.

Dr. Gould reported a case in which, after severe and protracted labour, the child was stillborn. It was placed in a tub of warm water, and artificial respiration employed for about an hour, and, finally, breathing was established. She is now nearly fifteen years of age, and has always been healthy. In infancy, spasms and rigidity of the neck and limbs were noticed; contortions of the face and thrusting out of the tongue succeeded, so that she has an idiotic look. She has learned to talk, but articulation is difficult. She has never been able to control the limbs so as to be able to support herself; so that it is necessary to carry her about, and to feed her. She began to menstruate at thirteen, and has menstruated rather profusely. It was hoped that some favourable change might take place at this period; instead of which the contractions have become much more general and severe; and for a few weeks past, her sufferings have been intense, both day and night. The right arm is rigidly and constantly extended, and the fist clenched, and both the arms are so contorted that the elbows, much of the time, present in front; the right thigh and leg are flexed to the utmost, and also are drawn forcibly against or across the opposite limb, which is usually fully extended. For many nights in succession she has been unable to sleep beyond five minutes at a time. The recumbent posture always aggravates the spasms; and sometimes it is very difficult to retain her in an arm-chair. Opiates and antispasmodics of all kinds and in large quantities have been almost ineffectually employed.

Indian hemp at one time seemed beneficial. Chloroform has been taken very frequently, and soon relieves her, but its use is attended with nausea and vomiting to such a degree as, in a great measure, to preclude its employment. The intellect is unclouded, and the moral sense is unusually strong. She enjoys reading, and converses well.

In view of the unfortunate condition which has been observed so often to follow in similar cases, Dr. G. considers the expediency of long-continued efforts at resuscitation as quite questionable; especially in cases where the severity of the labour has been such that injury to the cranial contents might reasonably be apprehended. In asphyxia from causes not involving such injury, a different course might not be attended with the same objections.

Dr. JACKSON remembered hearing the same sort of cases mentioned by Dr. Bigelow, Sen. Dr. J. also said he had previously reported one or two cases to the Society, in which resuscitation was very difficult; in one of these instances, the child did not fairly breathe for three-quarters of an hour; both children lived to grow up, well.

Dr. STORER thought it pretty well established that children born under such circumstances are, if they recover at all, weak, puny, and short-lived.

[At the next subsequent meeting of the Society, Dr. ALLEY related a case analogous to that reported by Dr. Gould. The child presented the breech, and, when born, was quite black; by great exertion it was made to respire; now, at twenty-one years of age, the control possessed by this individual over the muscles is but partial. The mother once previously had a child born with the breech presenting; it was stillborn and not resuscitated.]

Dislocation of the Hip; Easy Manual Reduction under the Influence of Ether.—Dr. PARKMAN reduced a recent dislocation of the hip very easily with his hands alone, and unassisted, the patient being thoroughly etherized. The head of the bone was in the ischiatic notch: taking the foot in his hand, Dr. P. bent the leg on the thigh, and the thigh on the abdomen, and, with slight outward rotation of the foot, drew the limb downwards, with immediate reduction of the displaced bone. The dislocation was caused by the fall of some bags of coffee upon the patient, who was aiding in raising them from a vessel's hold.

Disease of the Cerebellum and of the Arteries at the Base of the Cerebrum.—Dr. MINOT reported the case. The patient was a female, aged sixty-eight, who had met with much care and hardship. She had borne several children. Within a few months she had suffered from vertigo, and there was loss of memory; the intellect was not impaired.

July 28. The patient walked out and became fatigued; next morning she rose as usual, but immediately fell to the floor, nearly insensible; she soon became stupid, although she was capable of being roused, and would then answer with tolerable accuracy and intelligence. Articulation was indistinct; respiration puffing, as in smoking; pulse 100, not feeble; pupils natural; urine passed involuntarily; the mouth was drawn to the right side; the left eyelid drooped. There was no paralysis of the limbs; she would not, or could not, protrude the tongue.

She was freely purged, and sinapisms were applied to the extremities.

The next day her condition was about the same; the dejections involuntary; six leeches were applied to the left temple. Towards evening her face became of a dusky-red hue, her skin burning hot; pulse at 100; articula-

tion unintelligible, and there was great drowsiness, from which she could with difficulty be roused; six leeches to the right temple, which bled very freely.

On the third day the skin was natural, the face pale, the pulse 100, weak and intermittent; the intelligence good, the replies to questions prompt and correct; the tongue was readily protruded for the first time, and the facial paralysis had considerably diminished; stimulants were ordered.

In the afternoon the drowsiness returned, with the puffing respiration previously mentioned; the skin was of a dark colour; insensibility speedily came on, continuing for thirty-six hours, when she died.

Post-mortem examination disclosed an excavation on the inferior surface of the cerebellum, having the appearance of an ulceration; it was uniform and lined with a false membrane; its extent, one and one-half inches in length, by one inch in breadth, and of capacity sufficient to contain a bean; the pia mater could be inflated over it; the arteries at the base of the brain were found extensively filled with atheromatous deposit. No *ramollissement;* the scalp was gorged with blood; the dura mater was adherent to the brain, and could not be separated from it without tearing the substance of the latter at one spot, at the left side of the anterior third of the longitudinal fissure; there were traces of old lymph deposit at this place.

Dr. Minot showed the specimen to the Society, and remarked, in addition, that Andral, in his researches, states that he had seen only sixteen cases of lesion of the cerebellum.

August 23.—*Melanosis of the Eyeball.* Reported by Dr. BETHUNE.—Mrs. B., æt. 62, first seen August 17. Health generally good. She never had disease of the eyes till one year ago; was first attacked with commencing loss of sight of the left eye, without pain or soreness. The sight continued to fail, and, in December last, the eye began to be painful occasionally, and the ball to enlarge and grow dark. These symptoms have continued from that time. Since the eye has troubled her, the appetite has failed, and sleep has occasionally been disturbed. Now, the right eye is well. Left eye, the anterior third of the ball is enlarged, and protrudes between the lids—is of a black colour, and presents a generally smooth, shining surface; at the superior part (where the discoloration commences) it is covered with large, dilated vessels. Lids apparently not affected.

20*th. Operation.*—This presented nothing unusual, except that the globe was found so soft, anteriorly, that the ligature, used to bring the eye forward, tore through.

31*st.* Discharged well.

On examination of the eye after removal, it presented the following appearances, described by Dr. J. B. S. JACKSON: "The melanotic mass protruded from the front of the eye, prominent, defined, and equal to about half an inch in diameter, though of an oblong form. A section having been made through the globe of the eye, the diseased mass was seen very nearly to fill the anterior chamber, but could not be distinctly traced posteriorly to the iris. Lens of a pale brownish colour, and very soft. The vitreous humour was also quite liquid, and somewhat discoloured. The tunics of the eye generally seemed healthy. The cornea was most distinctly traceable throughout the melanotic mass, upon the cut section being somewhat opaque, but not at all thickened."

Dr. Bethune added that the progress of disease in this case was wholly contrary to his previous experience of melanosis of the eyeball. In the cases with which he had previously met (from ten to twenty), and several of which

he had published, the disease, as far as he can recollect, has apparently commenced in the *posterior* portion of the eye, and has thence advanced to the anterior. The reverse, as will be observed, was the case in this instance.

Want of Synchronism in the Ventricular Pulsations.—Dr. GOULD had observed an instance of this, occurring without discoverable organic disease, and also without functional disturbance of the heart. The three sounds attending the systole of the auricle and of the two ventricles, were distinct.

Purpura Hemorrhagica.—Dr. STORER related the case. Miss I——, a nurse at the Massachusetts General Hospital, who had been quite feeble for several weeks previously, was compelled to relinquish her duties early in July, and submit to treatment. Dr. S. found her extremely languid, with a sallow countenance, dry skin, and very feeble pulse; the gums were spongy, and the whole lining membrane of the mouth and throat was parched, and of an unhealthy, dusky hue; the breath was exceedingly offensive. She daily became more prostrated, complained of stiffness and soreness in her limbs, and, finally, inability to sit up in bed, for a moment even, without faintness. In about three weeks after her first confinement to her chamber, she died, at the residence of her mother, where she had been carried for the sake of a purer atmosphere. At her death, a hemorrhage took place from her mouth. Although Dr. S. had never been able to observe any spots of purpura, he considered this a case of that affection.

Dr. DURKEE remarked, that while visiting the hospital, a few days before the patient referred to came under medical treatment, she spoke to him of an eruption on her lower extremities; he examined the spots, and they proved to be *petechial*.

Dr. Storer observed that this fact settled the correctness of his diagnosis. He had been able to detect no such marks on the upper extremities, and was told by the patient none existed on any portion of her body. This patient was an invaluable nurse in the Institution to which she was attached; unwearied in the discharge of her duties—not willing ever to be thought unfit for work—and it is to this alone can be attributed her disinclination to conceal any of her symptoms.

September 13.—Pus within the Shaft of the Tibia—Trephining of the Bone—Cure of the Diseased Limb.—Dr. STRONG reported the case. A. Y., forty-two years of age, a shoemaker in winter and a farmer in summer, was attacked twenty-eight years ago, at the age of fourteen years, by a fever, dependent probably upon acute necrosis, a disease not uncommon in the northern parts of New England. Dr. S., when a pupil of Dr. NATHAN SMITH, observed many cases of it, and he believes that Dr. Smith, who resided many years in Hanover, N. H., was the first to describe the affection, and to discover the best remedy for it. The disease consists essentially, as it would seem, in inflammation of the periosteum, and of the lining membrane of the medullary cavity, and is attended by sympathetic fever; the severity of the latter being proportionate, ordinarily, to the extent of the local disease; matter next forms between the periosteum and the bone, and also within the medullary cavity. When left to itself, or only opened through the periosteum, a portion of bone, usually equal to the space occupied by the matter, dies; it is sometimes separated and thrown off, but more frequently is surrounded by new bone, through which openings exist and continue to discharge pus until the bone is broken up and taken away. Dr. Smith, in the acute cases, was in the habit of cutting

at once down to the bone, as soon as any matter was discovered; making the incision longitudinally, in the direction of the bone, and for an extent commensurate with the portion denuded of its periosteum. The next step in the operation was to open into the medullary cavity, either with a trephine or with a perforator made for the purpose; the openings to be made in one or more places, according to the extent of the denuded bone. Dr. Strong said he had often seen this operation done, and in no instance where matter did not issue from the medullary cavity, pouring out with each arterial pulsation. If the operation was performed at an early period of the disease, necrosis of the bone was prevented, and the patient was at once relieved; recovery being rapid.

In the case about to be reported, Dr. S. diagnosticated the existence of pus within the bone. The inflammation occupied the upper third of the tibia. The integuments had been once opened without perforating the bone, sometime previously, and pus had been discharged for more than four years, when the opening healed. Ever since that time the limb has been troublesome, especially in dull, easterly weather. Two years ago last midsummer, the patient injured his limb by jumping from a load of hay, since which accident it has gradually, but continuously, grown worse. Patient, however, kept about upon it until last February, when he took his bed, and was confined to it for the most part, his ability to leave it growing less and less, until the time when Dr. Strong first saw him, some five weeks ago; he could then only with great difficulty be removed from it. Not long after the above-named accident, he began to complain of a burning or scalding in the site of the old injury, accompanied by a throbbing sensation. About the same time, violent neuralgic pains attacked him, worse at night, and affecting nearly the entire body, accompanied by spasmodic action; during the paroxysms, the patient said he saw "balls of fire" accompanying the darting pains. The tongue was clean, very red, and rather dry, at times slightly coated about the edges; he was sleepless; without appetite; emaciated rapidly. Dr. S. saw him first on the 21st of August. All his symptoms were then at their height. The system was in a highly irritable condition; he was depressed in spirits; his pulse frequent; nothing afforded him any relief. He had changed his medical advisers several times, without benefit, and had now returned to his original physician, Dr. Amos Batchelder, of Pelham, N. H., a very excellent practitioner. Several surgeons had seen the patient in consultation, and all, with the exception of Dr. Batchelder, had condemned his limb to amputation. The left leg was very much contracted on the thigh, and was immovable; there was fluid in the synovial cavity of the knee-joint; the tibia was enlarged throughout the whole of its upper third, to about three times its ordinary diameter; the disease occupying the whole cancellated structure of the head of the bone, and extending into its shaft; the skin was smooth, with but little if any redness. On the inner side of the tibia, not far from the longitudinal centre of the enlarged bone, was an old cicatrix over the spot where the opening had formerly been; there was but little tenderness over this spot; the pain was not confined to any one part, but extended throughout the whole leg. The medicinal applications, although sometimes covering the whole limb, were for the most part confined to the enlarged portion of the tibia. In consultation with the patient's attending physician, Dr. S. confidently expressed the opinion that pus was contained within the bone, and that probably dead bone was also inclosed within the enlarged portion of the tibia, and that by trephining the bone, and getting rid of the offending contents, life and limb might be saved. Without this operation, the patient would lose one or

the other, and perhaps both, as his system was fast being undermined. After this, the patient delayed for three weeks, consulting, in the mean time, several physicians and surgeons; was not relieved, and was advised to submit to amputation as the only effectual remedy. He now, however, decided to undergo the operation proposed by Dr. Strong, which consisted in making a longitudinal incision, beginning about one inch below the knee-joint, and carried through the old cicatrix, and farther down, about five inches in all, penetrating throughout to the bone. The periosteum was then peeled off from the bone, but with the greatest difficulty, owing to its excessive thickening, the thickness being from a quarter to a half inch, and the whole tissue very adherent to the bone. Spicula of bone extended into the diseased periosteal membrane; the bone was very rough. Next, a trephine, one inch in diameter, was applied over the old opening, and was carried down, by chipping off the sawed fragments, until it was wholly buried in the bone, and the medullary cavity not then reached, after going so deep. Being embarrassed by it, the trephine was removed, and a common perforator substituted, which, in a short time, plunged into a cavity, when pus immediately and freely issued, to the amount of from three to six ounces; its exit was not made at one rush, as from an opened abscess in the soft tissues, but gradually, and with the ventricular pulsations of the heart, until the quantity just mentioned had flowed from the aperture, before the wound was dressed. This discharge has continued freely, in greater or less quantity, to the present time; and, for the first few days, from four to eight ounces passed away daily. The opening was made partly into the cancellated structure; the bone was very vascular, bled freely, and was comparatively soft; the state of inflammation very marked. The operation gave immediate relief, all the old symptoms disappeared, and the patient has been rapidly recovering ever since; his general health improving with the banishment of the local disease.

October 6. Patient is able to ride out and visit his neighbours. Six or eight pieces of dead bone, varying in size from one-eighth to one-quarter of an inch, have been discharged from the wound. The use of the knee-joint is gradually being regained; the limb can be straightened voluntarily; the cure must soon be complete.

In default of *ether* at the time of operating, the patient was plied with tincture of opium and with spirit, until he was thoroughly intoxicated. He suffered no pain, and was not aware that the operation was being performed. The spirit was ejected from the stomach soon after the operation was completed; some irritation of the stomach followed, and the usual disagreeable sensations from taking a large dose of laudanum were experienced, but in less than twenty-four hours these had wholly passed away.

Retention of the Appetite in Typhoid Fever.—Dr. JACKSON mentioned an instance of this. He had never previously observed it in *typhoid* fever; in *typhus* it does, at times, occur. The case he alluded to was rapid in its progress, and severe in its character. In the course of ten days, delirium, subsultus tendinum, involuntary discharges, and coma had all been observed. Thirteen days from the commencement of the disease, some intelligence was manifested. From the sixteenth to the twentieth day, improvement was evident. The bowels were costive throughout the disease; laxatives were required two or three times. Unequivocal rose-spots were observed. The chief point of interest is the persistence of appetite through the entire course of the disease. The patient asked for meat, sausages, and pudding.

Foreign Body in the Œsophagus.—Dr. COALE was consulted for the removal of *a cent* from the throat of a child, who had swallowed it, partially, while lying on its back. The mother instantly suspended it by the heels, slapping its back, and also gave it mustard and water, with powerful emetic effect. No dislodgment of the coin was evident. Three or four days subsequently, pain being complained of, Dr. C., on examination, found the cent still lodged, about four inches down the œsophagus. The probang did not force it downwards. Dr. S. D. Townsend saw the patient in consultation. On the tenth day, Dr. C. passed a probang, the head of which came off (having been carelessly joined to the handle), and descended to keep the cent company! Dr. C. afterwards removed the cent by forceps. The bowels, which were perfectly regular previously to the accident, became confined under the use of a mucilaginous diet; there being only one discharge in three days.

Dr. J. M. WARREN inquired of Dr. Townsend, Sen. the result of certain similar cases treated by him at the hospital. Dr. T. said he had passed the probang successfully in these instances. He has not yet heard whether the coins have been passed from the bowels.

Dr. Warren mentioned a case in which he had advised delay, without any medicinal or surgical intervention, until the day following the accident, when the probang was to be used, if required. Six weeks afterwards, the cent, which had been swallowed, came away from the bowels, not at all acted upon by their secretions. Dr. W. added that coins, when swallowed, generally pass from the bowels in three or four days.

Dr. Coale referred to one case in which a cent came away in fifty-six hours.

Cotyledon Umbilicus in Epilepsy.—Dr. S. L. ABBOT mentioned an instance of the power of this remedy in arresting the attacks of epilepsy. He had administered it in the dose of five grains of the extract, night and morning, for eight months, with entire cessation of the fits during that period. The patient was a gentleman, upwards of fifty years old, who had been subject to the disorder for five or six years; the epileptic fits occurring, at the time the use of the remedy was commenced, as often as once in two or three weeks, with one or more attacks of epileptic vertigo daily. The vertigo, under the use of the remedy, diminished in severity, but not in frequency. At the end of eight months, the patient began to totter very much in his gait, with frequent "dropping turns," as if from his legs "giving way" under him, with only partial loss of consciousness. No convulsion, but a slight general tremor, with some rigidity of the limbs. A feeble, unexcited pulse, and no flush or heat of countenance. At this time, the use of the cotyledon umbilicus was discontinued, and a small quantity of phosphoretted oil was given, which was followed on the third day by a bad epileptic fit, and its use was consequently abandoned. Since that time, the epileptic attacks have occurred at intervals of three or four weeks, and the other morbid phenomena are of daily occurrence. Under these the powers of life appear to be gradually failing.

Dr. H. O. STONE referred to two cases in which the cotyledon umbilicus had been used with good effect. In one case there was an interval of one hundred days between the fits, after using the medicine a short time.

Dr. HOMANS asked if any other remedy had been used in this case, and if strict regimen had been observed. Dr. H. said that it is nearly always true that epileptics are great eaters. *Rigid diet* has always seemed to him the most effectual means in combating the disease. He does not, by trial, find the nitrate of silver or any other medicine answer his former expectations.

Dr. Abbot said that the patient was, so far as his strength permitted,

actively engaged in business, and extremely reluctant to curtail his allowance of food. He, however, abstained from fluid stimulants, and his diet was of the most simple character. Various remedies had been tried; *e. g.*, infusion of digitalis, iron, &c. The former was used for six weeks, with gradual decrease of the vertiginous attacks. Dr. A., however, feared to continue it longer.

[Dr. Charles Bland Radcliffe, of London, in a recent and exceedingly well-written pamphlet, styled *Comments on Convulsive Diseases*, takes somewhat new ground in regard to the management of epilepsy. He believes it to be always a disease of *debility*, not of excited condition of system. That plethora enters in nowise into its production or prolongation. That epileptic and epileptoid convulsions are connected with a state of body "the very opposite of vascular activity." That delicacy, not vigour, *as the rule*, characterizes individuals affected with diseases termed convulsive. Dr. R. adds that sufficient reason exists to cause us to doubt "that venous congestion in the head and neck (so marked in epilepsy) is essentially connected with convulsion." With these views of the nature of this disease, the writer advises a treatment *almost exclusively tonic*. Bloodletting is not to be thought of. Purgatives, except when demanded by evidently obstructed bowels, are inadmissible. Iron, quinine, turpentine, and nitric ether are recommended; and, in a very decided manner, the use of a *generous diet* is particularly enjoined—instances of its efficacy being adduced—and the employment of *stimulants*, even, under proper regulations, is counselled. The author's position and arguments derive great support from physiological and pathological facts, of which more cognizance, in their relation to treatment, might advantageously be taken. Dr. Radcliffe's summary of treatment in epilepsy is, that "the essential indications require rest, a nutritious and generous diet, with warm bathing, and the most sedulous avoidance of all debilitating practices, and, in the more difficult cases, medicinal tonics and stimulants."

The high authority of Dr. Marshall Hall, in his late work on *Cerebral and Spinal Seizures*, goes for a rigid system of mental discipline, of *diet*, &c. The *acetate of strychnine*, in its *tonic* dose, is favourably mentioned by Dr. H.; the one-fiftieth part of a grain thrice a day.—Secretary.]

Fracture of the Ligament of the Patella treated without Bandages.—Dr. Gould reported this case. A man, in attempting to reach the railroad cars, while in motion, ruptured the ligament of the right patella by his efforts in running. This occurred in August of last year, and Dr. G., not wishing to confine him too closely in the hot weather, tied a silk handkerchief around the foot, and had its lung up to the bedpost, thereby keeping the limb fully extended. No bandages were applied, except one above the patella for a short time. In six weeks, the man walked well, and in another week he was able to go to his occupation. He was an intelligent and manageable patient, who could be trusted to aid in the carrying out of such treatment.

Excision of a Portion of the Inferior Maxillary Nerve for the Relief of Neuralgic Pain.—Dr. Parkman excised a piece of the inferior maxillary nerve, about three weeks ago, at the hospital. The patient was a woman, forty years old, who had suffered neuralgia of the entire face for from twelve to thirteen years. The point of departure for the pain was from the right side of the lower lip. About one-eighth of an inch of the nerve was removed, with immediate and complete relief of the pain. Paralysis of sensation fol-

lowed the operation, and is nearly total over the right side of the lower lip. Slight sensation only is found when the part is pricked with a needle.

Cases of Occlusion of the Vagina. Dr. J. Mason Warren.—*Occlusion after Labour.*—Mrs. M., thirty-five years old, applied to Dr. W. about a year since, with the following statement from her physician: "Mrs. M., some years since, immediately after giving birth to her first infant, was attacked with pleuritic inflammation, which resulted in hydrothorax. Her strength became greatly impaired, and œdema of the cellular membrane was quite general. While labouring under this low state of her general health, it was discovered that the mucous membrane of the vagina had begun to slough. Summoned to see her, I found this so much the case that the separation of the slough was easily effected with the forceps, and I was able to remove it readily by the scissors. The process of casting off the slough having been completed, a copious discharge of thin ill-conditioned pus flowed away, acrid enough to excoriate the labia and surrounding parts. Suitable bougies were provided and introduced, to prevent the contraction and adhesion of the surfaces of the vagina; but, so great was the sensitiveness of the parts, that, though warned of the consequences in neglecting their use, they were imperfectly used, or altogether dropped, so that the occlusion became almost complete. A devious and extremely small canal was found to exist, by which the catamenia have flowed away. In the efforts made to explore it, a very small probe was made to pass a short distance along the canal. No prolonged effort at dilatation has ever been attempted in her case, nor has she for years been subjected to medical examination.

"I should have remarked that the labour in giving birth to her infant was a very rapid one, and that the child was so small and delicate that it lived but a short time. The labour was conducted by a careful midwife, no physician being near, and no ground existed for believing that any injury whatever was sustained by the vagina in the passage of the child. Nothing unusual transpired to call the attention of her husband or attendants to the organs of generation. In the bad state of her constitution, under the dropsical tendency of her system, the irritation of the vagina, consequent on delivery, passed rapidly into a gangrenous state of the lining membrane."

Dr. W. said that he found the vagina, as above stated, almost completely occluded. On one side was a small, tortuous passage, into which a probe penetrated for a short distance, and could be felt for the space of an inch or more through the parietes of the vagina, by means of a finger introduced into the rectum. With this guide, and with a finger kept constantly in the intestine, a careful dissection was made in the direction of the uterus. Very shortly, all assistance from the fistulous passage was lost, and it was necessary to proceed without any guide. This was done with great caution, from fear of penetrating at the side of the uterus into the peritoneal cavity. In the course of two weeks, after a number of dissections, and the constant application of the prepared sponge, cut into a conical shape, and introduced so as to assist in dilatation, what appeared to be the os uteri was finally reached.

At this period the patient had occasion to leave town. Dr. W. saw her again at the end of a month. The use of the sponge tent had been persisted in, and, by a slight cutting operation, the vagina was restored to nearly its natural dimensions. Previous to her leaving town, the catamenial discharge came on freely, and with less suffering than for many years. She was advised to persevere in the means which had been used to prevent the contraction of the vagina.

Congenital Occlusion of the Vagina.—Miss P., fourteen years old, began to suffer, two years since, with pains in the lower part of the back and abdomen. These pains gradually assumed a periodical character, coming on at an interval of four weeks, and were so intense as to require alleviation by means of medicine.

A physician being consulted, suspected an obstruction of the vagina, and an examination confirmed his suspicions, showing this passage to be completely occluded. An incision was made through the solid obstruction which presented at that part, with the hopes of discovering a cavity containing the menstrual fluid; but the operation met with no success. From this time, the sufferings of the patient gradually increased, and at the menstrual periods, were so severe as to produce a degree of prostration which confined her for some days to her bed, and finally even threatened life.

When first seen by Dr. W., the external organs of generation were so sensitive as to cause great complaint from the patient on any attempt at an examination. The external labia were found to be well developed. The orifice of the urethra occupied its normal position, or was a little lower than natural. Below this, not the slightest depression indicated the orifice of the vagina. The finger, being introduced into the rectum, detected, at the distance of about two inches from the anus, a hard, globular tumour, the size of a billiard-ball. Before removing the finger from the rectum, a catheter was passed into the bladder, and this was at once felt by the finger in the rectum, in the median line, the coats of the bladder and rectum only intervening, for a distance of one or two inches—that is, as far as the above-mentioned tumour. At this point, the catheter could be made to pass on each side of the tumour, but was with difficulty detected in the rectum. Dr. W. had no doubt, from the result of the examination, that the tumour felt in the rectum was the upper part of the vagina and uterus distended by fluid, and the cause of the serious symptoms under which the patient laboured. An operation was therefore proposed, and at once, with the assistance of her physician, performed. Anæsthesia being induced, a transverse incision was made directly below the orifice of the urethra. With much caution, a dissection was now made between the rectum and the bladder, until, by cutting and separating the tissues by the fingers, the tumour described as felt in the rectum was reached, lying very deep, and affording but little opportunity for a fair examination. The depth at which it lay, and its apparent solidity, for a moment caused some embarrassment as to the proper course to be pursued, especially as one of the gentlemen present seemed convinced, from its hardness, that it could not contain a fluid. But, finally, Dr. W., being satisfied in his own mind that the tumour could be nothing else but what had been suspected, determined on puncturing it. The escape of the thick tarry fluid, which has been observed in one or two other cases before related to the Society, at once confirmed the truth of the diagnosis. The aperture was now enlarged so as to allow two fingers to pass freely up into the cavity containing the fluid, which was apparently the uterus and upper part of the vagina distended so as to form a single sac.

The patient, on recovering from the effects of etherization, declared herself entirely relieved from her previous state of suffering. The use of the prepared sponge, to prevent the closure of the passage, was advised, as also the occasional introduction of bougies, to maintain, if possible, the normal size of the canal.

Occlusion of the Vagina occurring soon after Marriage.—The patient was a widow, forty-five years of age. The account she gave was, that she was married

at an early age; that *les premières approches du mari* were so violent as to cause a severe inflammation of the vagina, which eventually terminated in the almost complete closure of the upper part of the canal. At the catamenial periods, much difficulty and suffering were experienced in the egress of the menstrual fluid, which was discharged slowly, and apparently by a circuitous route. She suffered from this cause until within three years, when that function ceased to be performed, but was replaced by a mucous secretion. Her health latterly has been poor, and she has been more or less troubled with pains in the back and loins, all of which she has attributed to the retention of fluids in the uterus.

On examination, Dr. W. detected an obstruction two inches from the orifice of the vagina, caused, apparently, by an adhesion of its parietes. With the aid of the speculum, a small aperture was observed on one side, into which a probe penetrated a short distance.

As the patient insisted on having an operation performed, Dr. W. consented to do it, although, at the same time, he informed her that it was very doubtful whether the obstruction was the cause of the symptoms, considering the present state of the functions of the uterus.

A director was forced into the passage, which had at first only admitted a probe. This was followed by a larger instrument; and, by proceeding gradually, it was shortly found possible to use the dressing forceps. By this means, the passage was finally enlarged so as to admit the little finger, when, by tearing and distending the parts, almost the full size of the original passage was restored, and the extremity of the os uteri exposed, although buried in the adjacent structures.

The caliber of the canal was maintained by the same means as had been resorted to in the preceding cases. The patient expressed herself much relieved by the operation, and, when seen a month afterwards, there had been no recurrence of the previous bad symptoms under which she had suffered.

Abortion without a suspicion on the part of the Mother of the existence of Pregnancy.—Case reported by Dr. Stoker.—*August* 28. At 1 o'clock, this morning, Mrs. S., of Charlestown, was awakened by hemorrhage from the vagina. She was married the latter part of December last, but her catamenia have appeared regularly; she has never experienced the slightest nausea; her appetite has not been impaired; there has been no derangement whatever of the alimentary canal, nor perceptible enlargement of the abdomen.

Not having the slightest idea of her being pregnant, she was not a little alarmed, and aroused her husband, who at once called up her mother, with whom she resided. The mother had never thought her daughter pregnant, although constantly with her, and, at first, could not imagine the cause of the hemorrhage. But when pains supervened, and assumed a degree of regularity in their recurrence, she felt satisfied that her daughter was in labour, and Dr. S. was sent for. In an hour or two after the commencement of the pains, the fœtus was expelled. It measured nine inches in length, and the umbilicus was half an inch from the centre of the body. Dr. S. supposed the mother to have been between four and five months pregnant—nearly five. Upon examining patient's breasts, they were found to be large, but she did not perceive any unusual fulness. The areolæ, however, exhibited those changes always so reliable; their colour was much deeper; their feel, velvety; and the glandular follicles much enlarged;—thus pointing out, not merely the pregnancy, but also its advancement.

In a medico-legal point of view, this case is interesting; inasmuch as, from

the rational signs of pregnancy, a fœtus may be carried even to the time most women quicken, without the fact being suspected by the bearer, or any of her friends.

Placenta Prævia, with a Foot and the Funis presenting.—Dr. STORER reported the case. August 25, he visited, in consultation with Dr. CRANE, of East Boston, a woman in labour. Thirty-one hours previously, having advanced to the limit of her pregnancy, she was attacked with labour-pains, and about the same hour the membranes were ruptured. Dr. Crane saw her on the 24th inst. at 10 A. M., and, not finding his assistance required, he did not interfere. On the morning of the 25th, she commenced flowing; and, upon examining, per vaginam, Dr. C. found a portion of the placenta had been attached over the edge of the os uteri, but becoming separated, and the detachment extending somewhat beyond the os, hemorrhage had ensued. He also found the funis at the os uteri, and at its side, a foot.

After carefully examining the case, Dr. S. advised an immediate delivery for the following reasons: Although, at the present time, there is no hemorrhage, yet as a partial detachment of the placenta exists, bleeding may occur at any moment; and should it ensue in the absence of Dr. C., fatal consequences might follow.

The child is still living, as the fœtal pulsations heard through the mother's abdomen testify.

There is a chance of saving the child—that chance is lessened by delay, owing to the fear of hemorrhage.

The woman is very anxious respecting her situation, and begs to be delivered.

Nothing can be gained by procrastination.

Dr. C. agreed with Dr. S., and requested him to deliver his patient. Passing his hand within the os uteri, he grasped the presenting part, the right foot, and very carefully and slowly made traction. Uterine pains immediately commenced, and, without anything peculiar occurring, the child was delivered to the head; at this stage of labour, although the face was applied to the sacrum, some little delay existed in the delivery of the head; it was withdrawn, however, by means of the fingers applied to the mouth.

The placenta was removed without difficulty, or any unusual hemorrhage; and beneath the portion which had been detached, adhered a coagulum about the size of an adult's fist.

The child breathed at considerable intervals of time, for six or eight minutes; and the heart beat quite forcibly for a longer time; but all efforts to revive it, permanently, failed.

Recto-Vaginal Fistula in former delivery. Secondary Hemorrhage.—Dr. STORER reported the case. On the 4th of August, he was called to attend upon Mrs. A., in labour with her second child.

On the 18th January, 1851, this woman was delivered of a still-child; she had been in labour six days when Dr. S. was called in consultation, and the child's head had been lying low down upon the perineum an indefinite period. Her pains had left her, and her child was dead. On account of the reluctance of her friends to have craniotomy performed, Dr. S. was compelled to use the forceps; the child was thus delivered, not, however, without an extensive laceration being produced of the soft parts of the mother, owing to their extreme rigidity. For quite a number of weeks she suffered great inconve-

nience in retaining the contents of the bowels, and was made mentally wretched.

Dr. J. Mason Warren remedied the evil, in a great measure, by an operation. Patient recovered her health, the power of controlling her sphincter ani, and was now again in labour. Dr. S. feared the union between the parts would be destroyed by the passage of the child, and he watched the woman assiduously, carefully supporting the perineum during the entire period of the pressure upon the parts. After ten hours of natural labour, she gave birth to a female child, weighing eight and three-quarter pounds, without any injury being produced.

After the delivery of the child, a large hemorrhage ensued, proceeding, it was found, from beneath a detached portion of the placenta; that organ being attached throughout its greatest extent to the fundus of the uterus, and requiring some care, time, and effort to remove it.

Dr. S. observed that his patient convalesced as well as usual after confinement, until upon the 18th ult., *fourteen days* after her accouchement, when, while exerting herself, she had an attack of hemorrhage from the vagina, which again recurred on the 22d; a third bleeding taking place on the 25th, she became alarmed, and he was sent for. His patient was exceedingly feeble from loss of blood, and became more so from a continuance of the hemorrhage; and although nearly three weeks have elapsed since he was first called to prescribe, but four or five days have passed since he considered her out of danger; the bleeding rendering her perfectly anæmic, resisting the administration of ergot, matico, Indian hemp, lead, and opium, &c. &c., the application of ice, externally, and passed into her womb—and, finally, yielding to injections into the womb of sulphate of alumina and sulphate of zinc in the proportion of ʒi each to a pint of water.

Dr. S. reported this case on account of the late period after the confinement at which the hemorrhage occurred. Dr. James Fergusson, in the *New York Journal of Medicine* for September, 1850, reports a case of secondary uterine hemorrhage taking place on the *thirteenth day* after delivery.

Secondary Hemorrhage after delivery.—Dr. Putnam had lately seen, in consultation, a severe case of secondary hemorrhage. The patient, feeble in health, was the mother of several children born at intervals of twenty months. In some of her labours, had more than the ordinary loss of blood. In the present confinement there was no hemorrhage, but the placenta was adherent and was extracted with difficulty. Was doing well for four days, when she awoke in the night with sudden, profuse flooding. She was much prostrated, faint, and frequently vomited; the pulse rapid and feeble. The treatment employed was introduction of ice, followed by plugging the vagina, careful bandaging, ergot, brandy, and laudanum. She rallied, and, for three days, was improving, when another flooding occurred, attributed by herself to mental emotion. After an interval of five days she had another hemorrhage equally sudden and prostrating, at times being nearly pulseless; but she ultimately recovered. One would suspect the presence of some portion of placenta, but no remnants were detected in the discharges. Dr. P. referred to a writer who had recorded several cases of secondary hemorrhage, and among them one as late as the twenty-seventh day. He considered it owing to a menorrhagic tendency.

Dr. Storer asked Dr. Putnam if he considered plugging the vagina a safe procedure in such a case.

Dr. P. said it would depend upon the amount of contractility of the uterus. In the present instance, the contraction was sufficiently firm.

Dr. Putnam also related a case of hemorrhage from retained placenta, that occurred at a late period after miscarriage. A lady of slender constitution miscarried at the fourth month without medical attendance. For nine weeks afterward she continued to flow moderately, but not enough to prevent her riding and walking with freedom. Very suddenly an excessive hemorrhage took place; she became faint and cold. The os uteri was soft, but not dilated enough to admit the finger. In addition to the usual stimulants, the vagina was carefully plugged with pieces of sponge. At the end of thirty-six hours she had so far rallied that the sponge could be removed, and with it the placenta, which had in the mean while been expelled into the vagina.

Dr. P. mentioned another case, in which, under similar circumstances, the placenta was retained thirteen weeks.

Dr. Putnam, at the next subsequent meeting, remarked that, when reporting the previous cases of secondary hemorrhage, he quoted some cases from Mr. Roberton, having reference to the period of its occurrence and its probable cause; he has since found among his notes another case which illustrates these points.

This was a first labour, in every respect natural. The mother nursed the child, and had no inconvenience, except, for the first four weeks, a sensation somewhat more than is usual, of "bearing down." The hemorrhage occurred *six weeks* after confinement. She had walked out the preceding day, was not fatigued; slept well at night. In the morning had copious discharges from the vagina of coagula, with liquid blood. This continued at intervals during the day. Dr. P. saw her in the evening. She was frequently faint; the pulse at times imperceptible. The uterus could be felt above the pubis; pressure there caused a feeling of "bearing down." The vagina was turgid, tender to the touch, and filled with coagula.

The hemorrhage was readily checked by the introduction of ice into the vagina. Various stimulants were administered, and, in the course of thirty-six hours, reaction came on, without further hemorrhage.

It may be a question whether this should not be considered an irregularity of menstruation;—if so, it confirms the opinion of Mr. Roberton, who, in the absence of more probable cause, was inclined to consider it allied to menorrhagia; the discharge being more copious on account of the greater size of the uterine vessels, and the greater readiness with which the uterine cavity admits of expansion.

Diagnostic Sign in Tubercular Meningitis.—Dr. PARKMAN's attention had been called by Dr. SLADE to what purports to be a diagnostic sign of tubercular meningitis; it was first announced by M. Trousseau, and consists in the appearance of a remarkable *red line*, remaining upon the skin of the forehead, or of the abdomen, after drawing the finger across it. A female patient of Dr. Parkman's, at the hospital, who had tubercular disease of the clavicle, was, when about to undergo an operation, seized with fatal illness, which Dr. P. diagnosticated as tubercular meningitis. In this case, Dr. Slade pointed out the peculiar red line spoken of above.

The following account was given by Dr. J. B. S. JACKSON, of a *malformation in an adult subject, otherwise well formed, consisting apparently of a fusion of two upper extremities.* There is one central index finger, and upon each side of it a middle, ring, and little finger, seven altogether, and

perfectly formed; the index being no larger than natural. The subject of this case was a German machinist, aged thirty-seven years; and the hand was not merely very useful in the way of his business, but gave him some advantages, he thought, in playing upon the piano, upon which he was a performer. The three upper fingers, supposing the limb to be laid extended in a state of semi-pronation, were used efficiently as a thumb to oppose the three others. Various observations were made upon the motions of the hand and fingers; and when at last the individual died, under the effects of a chronic diarrhœa, the body was sent to the dissecting-room. Dr. J. H. York, who had some claims upon the subject, having relinquished them in favour of the Society, a cast was first taken for the cabinet, to show the external appearances. The entire extremity was then removed, and subsequently injected, and was fully dissected by Dr. F. S. Ainsworth. The dissection, when completed, was shown to the Society, and the specimen is now presented for the cabinet, with the following description:—

The malformation seems to consist of a fusion, by the radial edge, of two very imperfectly developed extremities.

Bones.—The phalanges and metacarpal bones are not remarkable. And so of the ten carpal bones, there being upon each side a pisiform, unciform, and scaphoid; and upon the median line one semilunar and one trapezoides; there being no trace of a thumb, each trapezium and navicular is wanting. The length of the hand is about seven inches. In the forearm, which is eight and a half inches in length, there are two ulnæ, but no radius; the one that would be below, when the limb is in a state of semi-pronation, is well developed; but the other, though of equal size, is somewhat irregular, the olecranon process being prolonged considerably upwards. The humerus is ten inches in length, and has what must be considered as an inner condyle upon each side; also, upon the anterior face, and towards the perfect ulna, a tolerably well-developed process, which may be regarded as an outer condyle. The scapula is irregularly developed; the semilunar notch is deep and broad, almost dividing the bone across; the spine is low, so that the fossæ above and below can hardly be said to exist; with some other deviations. The left upper extremity being the one that is malformed, the right ulna is nearly ten inches in length, and the humerus thirteen inches.

Muscles.—The tendons of the latissimus dorsi, teres major and minor, subscapularis, infraspinatus, pectoralis major and minor, are shown in the preparation. There is no well-defined biceps, nor brachialis anticus. Coracobrachialis small. One triceps sufficiently developed, with its three heads, and inserted into the olecranon of the perfect ulna. A second triceps, however, exists, which is quite imperfectly developed; one head arises from just below the head of the humerus, and beneath the deltoid, which has been removed; and a second from the lower part of the humerus, inserted into the imperfect olecranon, but sends a tendon to the corresponding inner condyle, and receives a large slip from the other triceps: in structure, it is muscular at each extremity, and tendinous midway. A supernumerary slip of muscle arises with the long head of this second triceps, passes under the tendon of the pectoralis major, and is inserted into the lower third of the humerus. In the forearm, the muscles usually connected with the radius and thumb are of course wanting. The superficial flexor of the fingers arises from the inner condyle, corresponding to the perfect ulna; and sends a tendon to each finger, excepting the little finger of the imperfect side, also a slip from the tendon of the index finger to the deep-seated tendon of the same. No superficial flexor from the other internal condyle. Deep-seated flexor, with its tendons sufficiently dis-

tinet, arising from both ulnæ, and from the interosseous membrane. Flexor ulnaris well developed on the perfect side, but on the other indistinct. Extensors of fingers very distinct; arose from the two ulnæ, and sent a tendon to each finger. To the single index finger there are sent two extensors; a very interesting fact in support of the general view that has been taken of this case. Quadratus quite well marked, and also the interossei.

Arteries.—The brachial divides at the lower end of the humerus into two ulnars; that which is sent to the perfect side being about one-fourth larger than the other. There is also an interosseous of full size. The radial, of course, is wanting. In the hand, each ulnar sends a branch to form the superficial arch for the three outer fingers, the index being supplied by the perfect ulnar; also another for the deep-seated arch, the two inosculating freely.

Nerves.—The radial, which is quite small, enters the triceps muscle, and is lost in it. The ulnar of the perfect side is well developed, but the other is small. The median is large, and sends a branch to each finger, excepting the two little fingers.

Compound Fracture of the Humerus.—Dr. S. D. TOWNSEND showed the specimen, which he had lately removed from a patient, whose arm was crushed by a railroad car. The humerus was removed at the shoulder-joint by two incisions, commencing at each side of the acromion process, reaching to a point at about the insertion of the deltoid, forming a triangular flap, which was raised up, and the knife caused to sweep around the head of the bone, dividing the vessels, and making a posterior flap. The patient died eight days after the operation. A *post-mortem* examination showed comminuted fracture of the scapula.

Remarkable Case of Aneurism by Anastomosis.—Dr. J. MASON WARREN related the case. A gentleman, fifty years old, partially froze the lobe of his left ear, in 1818. This always afterwards remained larger than the opposite one; and, in fact, slowly increased in size, finally forming a distinct tumour, red on its surface, and having a powerful pulsation. About six months since it was found necessary to undertake some means to arrest its growth. For this purpose compression between two plates of metal was advised, and practised by his surgeon. Although this was done in the most careful and scientific way, yet the suffering became so severe that, after having persevered with it for a fortnight, it was found necessary to abandon its further application.

When the patient applied to Dr. W., it was with the full determination of having any operation done that might be thought expedient; the tumour having arrived at that condition wherein it was evident that, if an operation should not be successful in removing it completely, it must soon pass beyond the reach of surgery, spreading over the ear and taking possession of the face, as in the case cited by Dupuytren, in his *Lecons Orales*, which resisted numerous and formidable operations, performed by some of the most distinguished surgeons in Paris.

The appearance of the tumour at this time was as follows: The lobe of the left ear was occupied by a globular tumour, the size of a hen's egg. The surface was red, and covered by large veins running over it in all directions; the redness and swelling belonging to the tumour extended above, into the concha of the ear, and ran up for a short distance on its back part. In front,

it slightly encroached on the cheek. On taking it in the hand, it had a powerful pulsating motion, not that alone presented by the common erectile tumour, but added to this, what might be expected in an aneurism of a large artery, the carotid or subclavian, for instance. By manipulation, vessels of considerable size could be perceived running into it from the ear and face.

Dr. W. said that at first he was at a loss how to attack the disease, the danger of hemorrhage appearing to be great from any cutting operation, and if ligatures were used, the same danger was to be apprehended on the separation of the threads. A combination of the two was finally resorted to.

The patient being etherized with chloric ether, the tumour was dragged upon, so as to stretch the integuments as much as possible. A pair of screw forceps, similar to an enterotome, was now made to embrace the whole base of the tumour, about three inches in length, that is to say, the whole enlarged lobe of the ear, with a portion of the cartilage. This was tightly screwed up, so as completely to interrupt the course of the blood into it. A needle, threaded with a strong double ligature, was next passed behind the forceps, and the needle cut off, leaving the two threads. The tumour, now apparently effectually controlled, was cut away close to the forceps. It was, however, at once found, that on the tension of the parts being relieved, that portion of it towards the cheek had escaped from the grasp of the forceps, and an artery was exposed nearly as large as the external carotid. This was seized by an assistant with a toothed forceps, and a ligature was applied to it. The grasp of the forceps being now slowly relaxed, it was observed that the whole cut surface was disposed to bleed at every pore. Some large vessels bled violently, and were tied. To stop the bleeding from the other parts, it was finally found necessary to apply the ligature *en masse*, which was done by means of two double ligatures. In the subsequent management of the case, in which Dr. W. was much aided by Dr. Buckminster Brown, all means were used to prevent too high a degree of inflammatory action about the ligatures. The patient was kept quiet, a low diet enjoined, and a compress, constantly wet with cold water, was applied, and the patient very carefully watched. Once or twice blood started by the side of the ligatures, but was restrained by refrigerant applications. At the end of fourteen days the ligatures separated, leaving an exuberant granulating surface, upon which the nitrate of silver was freely used. On the twenty-third day, the wound was almost entirely healed,—and the neighbouring parts were in a perfectly healthy state, the effect of the inflammatory action having destroyed the enlarged capillary vessels which had extended into the concha of the ear and invaded the integuments on its posterior part.

Dr. W. stated that, in order to have extirpated all appearance of erectile tissue at the first operation, by the knife, it would have been necessary to sacrifice nearly half of the ear, and to leave the patient with a great deformity. In order to avoid this, he had removed the tumour, trusting to the effect of inflammation to destroy the small quantity of erectile tissue which ran from it into the adjacent parts.

The appearance of the tumour after removal was quite interesting. The main portion of it was composed of a spongy tissue, similar to that observed in a case of which Dr. W. had previously published an account, where an enormous erectile tumour of the lower lip was removed, after the previous ligation of both carotid arteries. In the present specimen, this erectile tissue inclosed an aneurismal cavity, apparently the expansion of the largest of the vessels described above, which were tied when the tumour was removed. From this cavity, branches extended in all directions, which finally could be

traced terminating in the cellular tissue which covered the periphery of the mass.

Fissure of the Palate.—Dr. J. MASON WARREN showed a case of instruments containing those most essential in the operation for fissure of the palate. He stated that he had always had much difficulty in finding any forceps which would effectually seize and control the edges of the fissure during the section of the muscles and subsequent removal of its margin. With the common double-hooked forceps, too small a portion of the soft parts is seized, and, as soon as there is any resistance on the part of the muscles, it is torn away. There is also a difficulty in getting one branch of the forceps behind the palate, as the tendency of that organ is generally rather to hang backwards than forwards. These objections to the common forceps he had remedied by having a pair constructed with a double curve —one of the curves of the instrument being anterior, the other lateral, and the posterior jaw of the forceps being a little longer than the other. By means of this instrument, which is provided with double teeth, the smallest portion of the edge of the fissure can be seized, and the part held tense while the muscles are cut and the edges pared. Dr. W. said that he usually divides the muscles with a powerful pair of scissors, curved on the flat side, cutting freely wherever he finds resistance. Sometimes one set of muscles requires division, at others another set. When this is effected, the soft parts implicated in the fissured palate hang loose, and the subsequent steps of the operation can be prosecuted with ease. To show the effect of this division, he stated that in one instance, where the operation had been twice repeated on account of want of union, notwithstanding the loss of substance from the edges previous to the third operation, which was successful, it was observed that they lay in perfect contact, so that, if time had allowed, the union might have been produced by the simple application of caustic to the angle of the fissure. The voice, previous to the final operation, had much improved.

Dr. W. stated that he had latterly performed five operations, in two of which the hard palate was badly fissured, and all had proved successful. In one of these, where the fissure extended through the hard palate and alveolus, the soft palate and a portion of the mucous membrane which was peeled off from the palatine arch, united. The aperture which remained in the bones was covered with a gold plate, very perfectly fitted by an experienced dentist, and the voice was much improved.

In regard to the result of these operations, Dr. W. said that he had lately seen a young lady on whom he had operated some years since, and the power of speech was quite restored, so that she enunciated with great distinctness. In almost every case the speech improved, the deglutition was easier, and the posterior fauces were less liable to inflammatory attacks, and were relieved from the unpleasant state of dryness caused by their unprotected condition.

Cut-throat; Complete Division of the Cricoid Cartilage and Œsophagus.—Dr. COTTING, of Roxbury, sent a full account of the case, of which the following is an abstract: Mrs. ——, æt. fifty-six, attempted, about four years ago, to cut her throat, being then insane. Recovered immediately afterwards. Her mother also was insane, and a sister had committed suicide by cutting her throat. About a year ago, Mrs. —— again became insane, and had recently made preparations to hang herself. A few days before the fatal event she returned from an insane asylum.

Between 4 and 5 A. M., on the 4th of September, her husband was awoke by hearing a knocking below, and, on descending into the cellar, found his wife seated upon the floor, by the side of a wash-tub. On being spoken to, she pointed to her neck, about which she had wound a damp towel; and, her condition being then discovered, she was led up stairs, to the second story, and placed upon a bed. Nearly a quart of blood was found in the tub, but there was not the least bleeding from the wound until examined by the physician who was first called. The instrument used was a very dull carving-knife.

About 6¾ A. M., Dr. C. saw her, and found a large, gaping, mangled wound, rather more than three inches from side to side, and rather less from above downwards. Lower half of the thyroid cartilage exposed. Skin and integument separated from the trachea, from one to two inches, and extensively retracted. At each extremity of the principal incision were smaller ones, as from subsequent cuts. Both mastoid muscles deeply cut, and the right in at least two places. Cricoid cartilage (or, as was supposed at the time, the trachea) and œsophagus completely severed and widely separated, the wound extending quite to the spinal muscles; yet the carotids were not injured, though they were seen beating, and the right might have been tied without any further dissection. Wound filled with blood, but the flow was effectually restrained by a single ligature; its entrance into the trachea having been prevented by holding up the tube with a hook. The patient appeared depressed and submissive. Pulse feeble, and not over 60.

A gum-elastic tube, one-third of an inch in diameter, was first passed through the mouth, and downwards, through the œsophagus, until it protruded from the wound. The lower and deeply-retracted portion of the œsophagus having then been drawn up, and brought over the extremity of the tube, the two portions were secured, and in perfect contact, by three stitches, one on each side and one in front; the ligatures being carried by a curved needle in Charrière's needle-holder. The tube was then carried on to the stomach and left there. The larynx and trachea were next brought together by strong sutures, one on each side. The integuments were also brought together by two stitches, leaving a sufficient opening for the patient to breathe freely through the wound. Lastly, the head was brought forward, and the chest was supported in a semi-reclined position.

During all this time, the patient was very tractable, and apparently suffered but little. Slight spasmodic action, and scarcely any cough. Pulse rose to about 100. After the dressing, she made signs for drink, and about ℥ij of milk and water were injected through the tube. During the forenoon there was "considerable rattling in the throat," as the attendants reported, and a slight discharge of mucus from the wound. Some restlessness. Increasing pain and uneasiness in the chest, moving from above downwards, and particularly towards the left side. A little water, given by an attendant, escaped immediately through the wound. At 1 P. M., Dr. C. saw the patient, and gave ℥ij of milk and water through the tube.

Throughout the day there was a gradual sinking, with one or two slight flushes of fever. At nightfall, the pulse was very feeble, but never exceeded 100. Wound dry and pale, without any appearance of inflammation. Restlessness increased. Generally appeared same. In the night, however, she attempted to get out of bed, but, after taking forty drops of laudanum, through the tube, she slept for about an hour. Retained her consciousness till the last, and died about 2 A. M.

On dissection, the cellular tissue between the œsophagus and the spine,

from the incision down to the diaphragm, was found to be perfectly infiltrated with thin pus of a light yellowish colour, but this did not extend laterally nor above the incision. Carotid artery, jugular vein, and par vagum, upon each side, uninjured, though the sheath was infiltrated with blood. Œsophagus gaping posteriorly, but, otherwise, the two portions were in perfect contact, as above described. The parts were shown to the Society, with the tube and the knife.

Dr. Cotting remarked upon the following points as interesting in this case: The number of incisions, the amount of injury done, and the narrow escape of the great vessels. The instrument used. The self-possession during and after the deed. The cause of death, as shown by dissection.

Dr. STEDMAN spoke of the evident great danger attending the premature discharge of inmates of an insane asylum. Cases of suicide in such persons are exceedingly frequent. Physicians should discourage such a course when asked for advice by the friends of patients in reference to their exit.

Dr. GOULD related two cases of cutting the throat. In the first, the sheath of one carotid was opened; the other was not wounded. The patient lived from three to four weeks, and died suddenly, while drawing his shirt over his head, being suffocated. In the second case, Dr. G. witnessed the suicidal act. A young man severed the trachea with a penknife. When Dr. G. reached him, he fell, and was dead in two or three minutes, turning purple in the face. The jury of inquest, among whom were some medical men, returned a verdict of death by bleeding from wounds inflicted by a penknife; implying death by *amount* of the hemorrhage; whereas Dr. G. thinks it was by the *mode* of the bleeding—the lungs being filled with blood, and suffocation ensuing.

Dr. J. M. WARREN remarked the rarity of *instant* death in these cases. He had never seen the carotid artery or the jugular vein divided in such attempts, and he remembered no fatal case except the one just related by Dr. Gould.

Dr. HAYWARD, Sen., never saw an instantly fatal case. He thinks the lingual artery is the one most commonly divided. Dr. H. avoids immediate closure of the wound by suture; there is greater danger of suffocation.

Dr. J. B. S. JACKSON referred to two cases of *immediate* death consequent on cutting the throat. In reference to Dr. Cotting's case, he remarked the probable influence of the inflammation of the cellular tissue, which had supervened in so short a time, with formation of pus. This may have had something to do with the production of the fatal result.

Dr. HOMANS had seen several cases. In one, death was *instantaneous*. A razor was used, severing the left carotid. In another, the carotids were untouched, but death followed in a few minutes.

Dr. J. M. WARREN said that, in the greater number of cases, a razor is the instrument used, and the throat is cut *while the head is thrown backwards*. The large vessels are thus rarely reached, much protection being afforded by the muscles of the neck. Generally, patients are discovered in time to prevent fatal hemorrhage.

Dr. HOMANS related the case of a man, forty years of age, who had made three unsuccessful attempts to take his own life by cutting the throat. He now has a fistulous opening into the trachea.

Dr. BIGELOW, Sen., mentioned an instance. A man, in a sudden fit of raving delirium, leaped out of a chamber-window, through the glass. Afterwards, he deliberately cut his throat with a razor, standing before a looking-glass, and resisting the efforts of his wife to prevent the act. He immediately

fell, bleeding copiously. Recovering from the consequent syncopic state, he violently opposed those who endeavored to dress the wound; but, on being assured that he could not recover, he became quiet. Collapse came on, and he died in the course of the same day.

Dr. J. M. WARREN remarked that, very probably, if this patient had not been so strongly opposed in the first place, the wound might not have proved fatal.

Chronic Ulcer of the Leg; Amputation; Fatty Degeneration of the Muscles.—Dr. J. B. S. JACKSON showed the limb, removed by Dr. S. D. TOWNSEND, on Saturday last, at the Hospital. The patient is a man of sixty years; at the age of twenty-four, he cut the knee-joint open with a broad-axe; confinement to bed for four months followed the accident; abscesses forming, with threatened loss of the limb; the joint finally became anchylosed; the limb in a straight position. A few years subsequently the ulcer commenced, and has continued till this time, about thirty years in all, and was very extensive at the period of amputation.

There is complete *fatty transformation* of almost the whole of the gastrocnemii muscles. In the integument near the margin of the ulcer were found several small, thin plates of bone. The bones of the leg were enlarged and rough, as is usual in old ulcers.

October 11.—*Peculiarity in Dentition.*—Dr. COALE related an instance of conservation of the first teeth to adult age; the subject being the mother of a child now under his care; two other individuals of the same family present the same peculiarity. In another patient, a young lady, the two eye-teeth and two stomach-teeth are all that exist; the first teeth having been shed, they were never replaced, except by the above four.

Tumour of the Cervix Uteri; Removal by Caustic Potash.—Dr. PUTNAM reported the case. Two months since, the tumour projected an inch from the cervix uteri, and was of the size of a large horse-chestnut; much hemorrhage at times; always greater at menstrual periods. Caustic potash removed the growth, entirely. In another similar case, the tumour nearly filled the vagina, and under the same treatment is now disappearing. Dr. P. remarked that the use of this caustic had been, by some, considered dangerous; likely to induce peritoneal inflammation. Dr. SIMPSON, of Edinburgh, states that he had never noticed this effect to follow the use of the *potash*, whereas he had observed it after the *actual cautery*.

The precaution of using *vinegar* with the potash was insisted on by Dr. P.

Dr. CHANNING spoke of the *very free* employment of the caustic potash in disease about the neck and mouth of the uterus, which he had lately witnessed in Europe. No pain is felt by the patient; the caustic is introduced through the canal of the speculum vaginæ. Dr. C. exhibited to the Society the instrument used by Dr. SIMPSON, of Edinburgh, for applying the above caustic; vinegar is always employed in conjunction. Dr. Simpson's instruments for division of the cervix uteri, for the removal of uterine polypi, and for the application of the sponge-tent, were also shown by Dr. C.

Fibro-Plastic Tumour of the Neck.—Dr. HENRY J. BIGELOW showed this, removed from a boy of ten years; it had not the characteristics of the common fibro-plastic tumour when externally examined; it was smooth; very elastic; movable under the skin; not lobulated.

When one year old, this boy had two or three small bunches under the ear; these subsequently fused into the tumour now removed. When first examined, there was an inflamed gland just beside it, and it was suggested by some medical gentlemen who then saw the patient, that the tumour itself might be a gland chronically inflamed. It was cut down upon and very easily slipped out; an abscess formed in the wound; the tumour itself is fibro-plastic, of the softer kind; resembling isinglass in consistence, and is opaline in aspect. Dr. B. referred to a case in which a similar tumour was recurrent after removal. A drawing of the entire tumour, and another of a section thereof, both finely coloured, were exhibited by Dr. B., in conjunction with delineations, by himself, of the microscopic appearances; the cells observed were regular in their form, and had small nuclei.

Destructive Disease of the Nose, Larynx, and Trachea; with the Specimens, and a cast of the Face, &c.—The account of this case was communicated to the Society by Dr. J. B. S. JACKSON, who received it from Dr. EDWIN LEIGH, of Townsend.

The patient was a girl, nineteen years of age; six years ago she was troubled with earache; the cervical glands were occasionally much enlarged; at times there were large swellings under the tongue, which would open and discharge matter. Subsequently her breath became extremely offensive. She reported herself to be continually "*getting a new cold in her head;*" she would sneeze, with accompanying discharge from the nostrils, and the tears would overflow, as in cases of obstructed lachrymal duct.

About two years since, while "picking her nose" *with a pin*, she was surprised to find that its head passed entirely through the septum nasi; she then became aware, for the first time, of the existence of ulceration of the nares. Previously to this, and about the time her breath became disagreeable, the voice began to be affected. The ulceration progressed (in spite of, or aided by various treatment), involving not only the mucous membrane, but also the cartilaginous and bony parts of the septum, until about eight months since, when it healed, as is shown in the cast. The posterior wall of the pharynx presented a whitish, fibrous, irregular, cicatrix-like aspect; the velum palati and the uvula were gone; the posterior opening of the nares had assumed a form nearly circular. Within the last two months there has been no appearance of active disease in this region. The patient's respiration has been difficult for a year or more. About one year previous to last January, she lost her voice entirely; since that time she has regained a hoarse, rushing, unnatural sound, half distinct voice, half whisper; hardly entitled to the name of voice. Dr. Leigh was first applied to by her in June last, when she desired a *cough syrup;* no very particular inquiries were made, as she did not ask for advice, but Dr. L. noticed the peculiar sound substituted for the natural voice, and the rough, noisy respiration, such as is produced by partially closing the glottis when we whisper; her inspirations and expirations were remarkably long and deep. Two months since she again applied, and for advice; her abdomen was very much enlarged; there was abundant ascitic collection, which had supervened imperceptibly, and was noticed only one week previous to her second application; within a few days it had very rapidly increased, unattended by pain or tenderness. On examining the patient, not the least sign of puberty was apparent; a great enlargement of the base of the thorax, as compared with its apex, was not remarked until subsequently, from its apparent connection with the ascites. In about a fortnight the ascites disappeared, under the administration of hydragogue cathartics.

In September, the patient sent for *cough syrup*, and soon after this Dr. L. was summoned in the night to see her suffering great dyspnœa and inability "to raise," as she termed it. Relief was afforded by an emetic; since then, dyspnœa has been frequent, with occasional suffocative access, relieved as soon as she could (to use her own expression) "loosen the phlegm." The sputa were purulent. The disease, which had already destroyed the nares, was so manifestly progressing in the trachea, that Dr. L. did not encourage her friends in reference to her recovery, even should it happen that the local disease should cease; no doubt existing in his mind, that, in such event, the cicatrices, in their contraction, would augment the dyspnœa; the danger was, therefore, fully announced to the friends.

Thus far she had complained of nothing but dyspnœa; there was no soreness or pain in the nares or fauces; no pain in the chest or hypochondriac regions. On Tuesday morning last, Dr. L. was called in haste; he found his patient dead on his arrival. She had appeared more comfortable than usual the previous evening; had rested well in the night, coughing but once or twice; a large quantity of muco-purulent matter had thus collected. At 3 o'clock A. M. she knocked on the wall (as was her habit when an attack of dyspnœa came on), and an instant afterwards she was found standing at her bedside, struggling for breath; she did not breathe fairly afterwards, being unable to inspire; the accumulated mucus and pus had suffocated her.

On dissection, there was found almost continuous ulceration from the glottis to the bifurcation of the trachea. The disease was in different parts more or less acute, the posterior surface being mostly affected. There was also distinct evidence of previously existing disease; the cicatrices that had resulted from former ulceration being traversed by a curious interlacement of whitish, shining fibres, and the cavity of the larynx being almost divided by a broad, thin, glistening septum which ran obliquely across it. At one part, the contraction of the passage that resulted from the development of this fibrous tissue was such that a goosequill would hardly have passed. The general appearance of the surface was quite different from that of common ulceration of the air-passages; there was also a peculiar relaxation or lagging out of the trachea posteriorly at certain parts; some of the rings were denuded; no tubercular deposit. In the chest there was found pneumonia, with pleural effusion, but no tubercles. The liver was a large, shapeless mass, almost completely adherent to the neighbouring parts, and nearly filled with a peculiar form of tubercular deposit; much of it being opaque, yellowish, and cheesy in appearance, though generally having almost a scirrhous density. Spleen much enlarged; eight by five and a half inches; uterus most remarkably undeveloped; peritoneum much discoloured; in its cavity were a few pints of serum.

A cast of the face, showing the loss of the nose, also the larynx, trachea, and a portion of the liver, sent by Dr. L. with the history of the case, were exhibited to the Society.

Dr. Jackson suggested that this disease might, perhaps, be considered as a form of lupus, affecting the mucous membranes primarily, instead of secondarily, as it sometimes does; he had met with a somewhat similar case several years ago, in a little girl. He remarked on the extensive tubercular affection of the liver when the lungs were quite free from this disease, and on the extreme rarity of this form and amount of disease of the liver under any circumstances; the fact of the deposit being tubercular was not merely apparent to the naked eye, but had been proved microscopically by Dr. Bacon, so far as it could be. The disease of the liver probably followed long after that of the

mucous membranes. The enlargement of the spleen, as a consequence of the obstruction that must have existed in the portal circulation, is interesting in connection with what is occasionally observed in the case of granulated liver.

Monstrosity.—Dr. JACKSON exhibited a six months' fœtus, which he had received from Dr. Z. B. ADAMS, and in which the contents of the abdomen protruded, forming a large mass or tumour, covered by a thin membrane, and adhering broadly and intimately to the placenta. The umbilical vein, which was, of course, very short, ran along the surface of the mass, and entered the liver upon its convex face. The cuticle was extensively separated, and death had probably occurred about three weeks before delivery; the organs of the abdomen were, therefore, very soft, and being also universally and very closely adherent, no proper dissection could be made. The liver appeared to consist of a single lobe; bladder very large, the urethra being long but very small; no genital organs found; externally, something like labia on each side of the urethra; no anus. The pelvis was very much malformed; the ossa innominata being imperfectly developed, situated quite behind the spine, and disconnected in front. Dr. J. remarked that he had seen several cases of protrusion of the contents of the abdomen, but never before one in which there was an adhesion to the placenta.

Extensive Fracture of the Spinal Column; Complete Division of the Cord; Life continuing two months.—Dr. PARKMAN presented the specimen for the Society's cabinet. The principal fracture was through the body of the fifth dorsal vertebra, and, the bodies of the third and fourth being separated from their laminæ, were shot in front of the sixth and seventh. The displaced bones were firmly ossified in their new situations. The specimen was sawn through perpendicularly, and the division of the cord was seen to be complete. The symptoms were those common to these cases. The point of interest was the long continuance of life under these circumstances. Dr. P. stated that death usually occurs before the expiration of the fourth week.

Pulmonary Disease of doubtful nature; at first supposed to be "Acute Phthisis."—Dr. BOWDITCH presented a portion of lung containing, apparently, miliary tubercles, taken from a man who had died with some of the symptoms of *acute phthisis;* and in whom both lungs were found studded with substances similar to those seen in the specimen presented to the Society. Dr. B. considered it as presenting, to the naked eye, all the appearances of miliary tubercles as distinctly as he had ever seen them. He examined them microscopically, with Dr. BACON, for the purpose of seeing the peculiar cells of tubercle, but, to his surprise, none could be discovered. Dr. B. asked the opinion of the members upon the appearance of the specimen, and requested Dr. WILLIAMS to give an account of the case, and Drs. BACON and DURKEE to state the microscopic results obtained by them.

Dr. WILLIAMS gave the following as the chief facts in the case: The patient was a journeyman printer, aged twenty-three. On the 6th inst., when in apparent good health, was aroused from sleep by pulmonary hemorrhage. During the five succeeding days he had several attacks of hæmoptysis, and on the 9th, a considerable hemorrhage from the bladder. He was apparently recovering from the effects of these, when the respiration, which previously had been unembarrassed and without marked abnormal auscultatory phenomena, became oppressed. Crepitation began to be heard in the right lung, afterward extending to the left, and followed by mucous râle. The expecto-

ration consisted almost wholly of frothy mucus. The chest was everywhere resonant on percussion. At the autopsy, on the 24th, the resonance was explained by the existence of vesicular and interlobular emphysema. Both lungs were filled with small globular masses, apparently miliary tubercles.

Dr. BACON stated that, on a microscopic examination, he was satisfied there was no tubercular cell to be found; that there were many inflammation corpuscles, and certain cells looking somewhat like those of encephaloid matter. On this latter point, however, he could not speak definitely.

Dr. DURKEE agreed with Dr. Bacon upon the non-existence of tubercle, and also upon the presence of inflammation corpuscles.

Drs. JOHN WARE and J. B. S. JACKSON considered the specimen, presented by Dr. Bowditch, to have all the common characters of miliary tubercle.

Dr. BOWDITCH thought the case interesting, as showing the importance of the microscope. He asked if it be possible that most cases of so-called acute phthisis, are, in reality, only simple inflammation of the vesicles? Finally, Dr. B. suggested that the case might be one of those called by Rokitansky *vesicular pneumonia.* (*Pathological Anatomy:* Sydenham Society Edition, vol. iv. p. 83.)

[The correctness of the microscope, as a means of diagnosis, is in question, in this case. If the granulations or bodies observed *were* tubercular, upon the grounds of evidence hitherto universally received as satisfactory, then either the microscope is not to be relied upon, finding no proper tubercular cell, or the said grounds of evidence must be renounced. It is more according to reason to consider the case, as Dr. B. has suggested, "vesicular pneumonia;" especially as Rokitansky asserts, that the "product of such inflammation, under certain conditions, partakes of the nature of tuberculous matter;"—but such *partaking* does not necessitate the discovery of the cell of tubercle by the microscope; that discovery would at least be doubtful, if not unlikely; yet the naked eye might readily pronounce these depositions tubercular granulations; hence, indeed, "the importance of the microscope" is most apparent.—SECRETARY.]

ART. V.—*Observations on the Use of Potash in the Treatment of Scurvy; with Cases.* By WILLIAM A. HAMMOND, M. D., Assist. Surg. U. S. Army.

HITHERTO, in the treatment of scurvy, little reliance has been placed by physicians in medicines, strictly so called. Fresh vegetables, lime-juice, &c., have been regarded as indispensable to the cure of this disease; and in situations where these articles could not be obtained, the unfortunate patient has generally lingered out a miserable existence till relieved from his sufferings by death.

The researches of animal chemistry have, at length, however, thrown some light upon the pathology of scurvy; and if future observers confirm the results derived from the following cases, it will not be the least boon which that science has conferred upon the practice of medicine.